

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 22 PH 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H63901

1. Corporation Name

SAM ISRAELOFF ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~711 N.E. 205 TERRACE~~
~~NORTH MIAMI BEACH FL 33179~~

~~711 N.E. 205 TERRACE~~
~~NORTH MIAMI BEACH FL 33179~~

1231 SW 21 ST
FT. LAUDERDALE FL 33315

1231 SW 21 ST.
FT. LAUD. FL 33315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1231 SW 21st Street

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/26/1985

5. FEI Number

59-2679268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

City & State
FT. LAUDERDALE, FLA

City & State
~~MIAMI, FLA~~

Zip **33315** Country **USA**

Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ISRAELOFF, SAM	711 N.E. 205TH TERRACE	NORTH MIAMI BEACH FL

REINSTATEMENT *07/18*

000004880370--4
-02/05/02--01046--021
****150.00 ****150.00

000004880370--4
-02/05/02--01046--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

DALE, CHARLES S
414 NE 4 STREET
FT. LAUDERDALE FL- 33301

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Charles S Dale

Date **1-16-02**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Samuel S. Israelloff, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2001 **954-463-8810**
Date Daytime Phone #

CR2E040 (8/01)